



CUTANEOUS LEIOMYOMA : A CASE REPORT

Dermatology

Dr. Subhasree B. S Junior Resident, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.

Dr. Jayakar Thomas* HOD & Professor, Department of Dermatology, Venereology & Leprosy, Sree Balaji Medical College & Hospital, Bharath University, Chennai 600044, Tamil Nadu, India.
*Corresponding Author

ABSTRACT

Cutaneous leiomyoma is a rare benign painful tumour which arises from the smooth muscles of the skin. Smooth muscles in the skin are located in the arrector pili, nipple, areola, dartos muscle, walls of blood vessels and vulva. Most common cutaneous leiomyoma is piloleiomyoma. It is usually solitary or multiple, rarely occurs as disseminated or zosteriform. We report a case of cutaneous leiomyoma over the trunk in an elderly male patient.

KEYWORDS

Leiomyoma, smooth muscle tumour, benign

INTRODUCTION:

Cutaneous leiomyoma is a relatively uncommon, non-malignant painful smooth muscle tumour. Leiomyomas occur in uterus and GIT usually but can also affect the skin. It can occur in areas like arrector pili muscles of hair follicle, vascular smooth muscles, tunica dartos of the scrotum, muscles of areola and muscles of vulva. It can occur at any age but usually appears in early adult life and has equal sex predilection². Only 3-5% of leiomyomas are cutaneous. Cutaneous leiomyomas are sometimes associated with renal cell carcinoma. They are commonly seen over trunk and extremities and less than 1% has been reported to occur in the head and neck region³.

CASE REPORT:

A 75 year old male patient came to our dermatology OPD with complaints of multiple, painful, skin coloured raised lesions over the chest, abdomen and back since 4 years which progressively increased in size and number. He complained of pain on touch and exposure to cold. No history of similar lesions in the family. No history of seizures. No history of weight loss or abdominal pain or any other history suggestive of renal cell carcinoma.

On examination, multiple soft to firm skin coloured to erythematous tender papules and nodules of varying sizes arranged in clusters were seen over the trunk. Few lesions were pedunculated.

Biopsy was done which revealed haphazardly arranged, poorly circumscribed, interlacing bundles of smooth muscle fibres intermingled with the collagen in the dermis. The smooth muscle fibres were found to be straight with a central long and thin nucleus with blunt ends.

DISCUSSION:

Cutaneous leiomyomas are benign tumours of smooth muscles derived from arrector pili muscle, vascular smooth muscle, dartos muscle, smooth muscle of vulva and nipple. There are various types which are solitary and multiple piloleiomyomata, angioleiomyomas, genital leiomyomas and leiomyomas with additional mesenchymal elements⁴. Piloleiomyomas are the most common type. They present as solitary (upto 2 cm) or multiple, firm red to brown intra-dermal papules or nodules arranged as clusters or linear pattern. They are painful spontaneously or on exposure to cold. They are most commonly located on the trunk and extremities. Cutaneous leiomyomas may be associated with Reed's syndrome which also consists of uterine leiomyomas and papillary renal cell carcinoma. Angioleiomyomas are larger (upto 4 cm) subcutaneous painful nodules, usually located in the lower extremities. Genital leiomyomas are asymptomatic dermal pedunculated papules located on scrotum, labia majora or nipples⁵.

On histopathology, piloleiomyomas are poorly demarcated and are composed of inter-lacing bundles of smooth muscle fibres with collagen bundles intermingled. The smooth muscle fibres are straight with centrally located, thin, long, blunt edged "eel like nucleus".

Angioleiomyomas are encapsulated and contain numerous vessels and they contain small amounts of collagen. Lipoleiomyomas comprise long intersecting bundles of smooth muscles mixed with nests of mature fat cells. There is a thin grenz zone present⁶.

Conditions in differential diagnosis are smooth muscle hamartoma, hemangiomas, pyogenic granuloma, glomus tumour and eccrine spiradenoma.

Treatment options include excision for solitary lesions, pain associated can be treated with calcium channel blockers (nifedipine), phenoxybenzamine, nitroglycerine and gabapentin⁷.

CONCLUSION:

Cutaneous leiomyoma is a debilitating painful benign smooth muscle tumour. Though the solitary lesions can be surgically excised, multiple tumours can only be managed symptomatically for the pain. We hereby report this case for its rarity in occurrence.

ACKNOWLEDGMENT: None

CONFLICT OF INTEREST: The authors declare that they have no conflict of interest.



Figure 1 : Clinical photograph showing papulonodular lesions arranged in segmental distribution

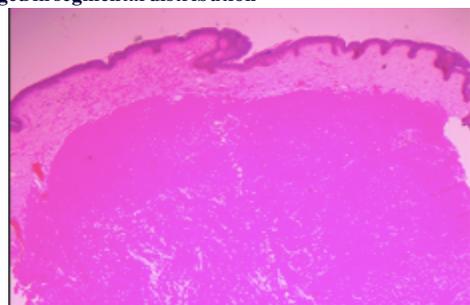


Figure 2 : Clinical photograph showing papulonodular lesions over the back



Figure 3: Tumour mass consisting of well defined smooth muscle bundles

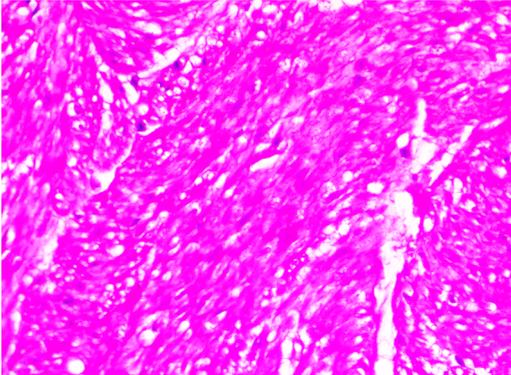


Figure 4: Smooth muscle fibres with centrally located thin long blunt edged eel like nuclei